

Business License Renewal
 220 SE Green Street
 Lee's Summit, MO 64063
 Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

 ELITE FENCE & DECK INC
 Licensing
 1210 SW MARKET ST
 LEES SUMMIT, MO 64081

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information. If there are changes to the information provided, please draw a line through and correct.

 Physical Business Address: 1210 SW MARKET ST LEES SUMMIT, MO 64081
 Business E-Mail Address:: INFO@ELITEFENCEANDDECK.NET
 Legal Name of Business: (if different than DBA):
 Type of Organization: Contractor Other
 Please provide your NAIC Code:

 Renew on-line communications email address: info@elitefenceanddeck.net
 (If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business)

****IMPORTANT!** If you would like to RENEW your Business License online, please visit <https://devservices.cityofls.net/renew-business-license.html> for instructions.

Business Phone Numbers :

Primary	Cell	Fax
8162461850	8166741583	8167871363

Contact Information :

Primary	Secondary	Emergency
KEVIN LINT, Address:21219 S COLEMAN RD, Phone:(816) 674-1583	CHRISTINA LINT, Phone:(816) 914-9351	KEVIN LINT, Address:21219 S COLEMAN RD, Phone:(816) 674-1583

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Please provide a general description or scope of work for your business:

build fences

For businesses physically located in Lee's Summit this section MUST be completed

Has your Physical Address changed over the last year? **Y** or **N** (If yes complete Zoning Approval Form)
 Is business located in a Lee's Summit **Commercial** area or Residential? (circle)
 Do you have an intrusion alarm? **Y** or **N** (circle)
 Total Building Square Footage - 3200

Employee Headcount for this location:
 Full Time: 23
 Part Time:
 Temporary:

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

CONTRACTOR LICENSING INFORMATION *Contractors – please complete this section*****

Please select type of contractor license requested - \$25.00 annual contractor license fee for each Class

Class A – General Contractor: construct, remodel, demolish, repair any structure
 Class B – Building Contractor: construct, remodel, demolish, repair all structures not exceeding 3 stories in height
 Class C – Residential Contractor: construct, remodel, demolish, repair any single family, duplex or townhouse structure
 Class D – Mechanical Contractor: perform mechanical (HVAC) services
 Class D – Electrical Contractor: perform electrical services
 Class D – Plumbing Contractor: perform plumbing services

Please provide name of licensed representative (master) to be licensed: _____ Phone #: () _____
 Email: _____ Cell #: () _____

If renewal – provide 8 hours of CEU (please provide documentation of completion) or include optional in lieu of CEU fee of \$100.00 per license classification

FEE CALCULATION (please check those that apply):

\$50 Business License Fee (base fee)
 \$25 Contractor License Fee (\$25 for each license classification ie: Mechanical & Plumbing = \$50)
 \$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification

Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)

50.00 Total fee

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

X _____ X _____ ____/____/____
 Signature of Owner(s) or Corporation Agent/Owner Title Date

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Payment by Check – make check payable to City of Lee's Summit.

FOR OFFICE USE ONLY

License Effective from ____/____/____ to ____/____/____ Fee Remitted \$____ License # _____